

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19933

FILED JUN 23 1944

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5323

1. PLACE OF DEATH:

- (a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hosp.
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life years, months or days)

3. (a) PRINT
FULL NAMEThomas H. Lambe

3. (b) If veteran,
name war nil

3. (c) Social Security
No. 2

4. Sex Male 5. Color W race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife 0
6. (c) Age of husband or wife if
alive June 21 1879 years (Day) (Year)

7. Birth date of deceased June 21 1879
(Month) (Day) (Year)
8. AGE: Years 64 Months 11 Days 29 If less than one day
hr. min.

9. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

Writer

12. Name William Francis Lambe
13. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)
14. Maiden name Mary V. St. John
15. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Nancy Lambe
(b) Address 4259 Lafayette
(c) Place: burial or cremation Burial
(d) Signature of funeral director Wm. W. Miller
(e) Address 5041 Belmont
(f) Date received local registration JUN 12 1944
(g) J. T. Bredeck (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1908 1/2 Jefferson (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 1944 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 25th
1944, to June 8th 1944;
that I last saw him alive on June 8th 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Esophagus
obstruction

Duration

Due to Carcinoma of Esophagus

Due to 0

Other conditions
(Include pregnancy within 3 months of death) 0

Major findings:
Of operations 0

Of autopsy Carcinoma of Esophagus

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature W. R. Rudolph (M. D. or other) MD.
Address 1515 Lafayette Ave. Date signed 6/9/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
John Dean Harris....., Registered Apprentice No. **363**
working under my personal supervision.

Signed

Howard D. Rowland

Licensed Embalmer No. **3114**

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.